



Rec'd PCT/PTO 26/FEB 2002

09/856835 AS

PATENT
Docket No. H 4148 PCT/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

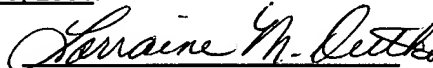
Applicant : OTTO, et al.
Appl. No. : 09/856,835
Filed :
Title : NOVEL SALICYL ALCOHOL DERIVATIVES

Grp./A.U. : 1751
Examiner : Unassigned

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on October 19, 2001.

October 19, 2001
Date


Signature of Certifier
Lorraine M. Dutko
Typed or printed name of certifier

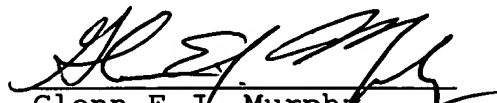
TRANSMITTAL OF DECLARATION UNDER 37 CFR SECTION 1.494/5(C)

Assistant Commissioner for Patents
Washington, DC 20231

An unexecuted declaration or oath was filed earlier; accordingly, enclosed is the executed declaration for this application.

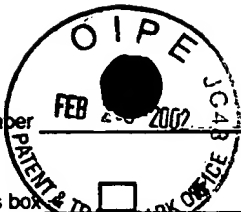
Please charge our Deposit Account No. 01-1250 in the amount of \$130.00 as prescribed by 37 CFR 1.492(e) for the surcharge and processing fee for filing a declaration on a date later than 20/30 months after the priority date of the application. Order #01-0733.

Respectfully submitted,


Glenn E.J. Murphy
Reg. No. 33.539
Attorney for Applicant
(610) 278-4926

Henkel Corporation
Patent Law Department
2500 Renaissance Boulevard, Suite 200
Gulph Mills, PA 19406

"Express Mail" mailing label number



PTO/SB/01 (6-95)
Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO
Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket
Number

H 4148 PCT/US

First Named
Inventor

OTTO, Ralf

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

☐

Declaration
Submitted
with Initial Filing

OR

☐

Declaration
Submitted after
Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL SALICYL ALCOHOL DERIVATIVES

(Title of the invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

04/28/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/03758

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
199 20 558.2	Germany	05/05/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
199 24 688.2	Germany	05/28/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03758	04/26/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label CUST NO. 00423 OR ☐ Fill in correspondence address below

Name	Glenn E. J. Murphy				
Address	Henkel Corporation - Patent Department				
Address	2500 Renaissance Boulevard, Suite 200				
City	Gulph Mills	State	PA	ZIP	19406
Country	USA	Telephone	610-278-4926	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

Given Name	Ralf	Middle Initial		Family Name	OTTO	Suffix e.g. Jr.	
------------	------	----------------	--	-------------	------	-----------------	--

Inventor's Signature		Date	05.06.01
----------------------	---	------	----------

Residence: City	Bad Friedrichshall	State		Country	Germany	Citizenship	Germany
-----------------	--------------------	-------	--	---------	---------	-------------	---------

Post Office Address	Oedheimerstr. 6
---------------------	-----------------

Post Office Address	
---------------------	--

City	74177 Bad Friedrichshall	State		Zip		Country	Germany	Applicant Authority	
------	--------------------------	-------	--	-----	--	---------	---------	---------------------	--

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	<u>Albrecht</u>	Middle Initial		Family Name	<u>WEISS</u>	Suffix e.g. Jr.	
------------	-----------------	----------------	--	-------------	--------------	-----------------	--

Inventor's Signature	<u>Albrecht Weiss</u>	Date	<u>21.06.01</u>
----------------------	-----------------------	------	-----------------

Residence: City	<u>Langenfeld</u>	State		Country	<u>Germany</u>	Citizenship	<u>Germany</u>
-----------------	-------------------	-------	--	---------	----------------	-------------	----------------

Post Office Address Forellenweg 37

Post Office Address

City	<u>40764 Langenfeld</u>	State		Zip		Country	<u>Germany</u>	Applicant Authority	
------	-------------------------	-------	--	-----	--	---------	----------------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address

Post Office Address

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address

Post Office Address

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
------------	--	----------------	--	-------------	--	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City		State		Country		Citizenship	
-----------------	--	-------	--	---------	--	-------------	--

Post Office Address

Post Office Address

City		State		Zip		Country		Applicant Authority	
------	--	-------	--	-----	--	---------	--	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto